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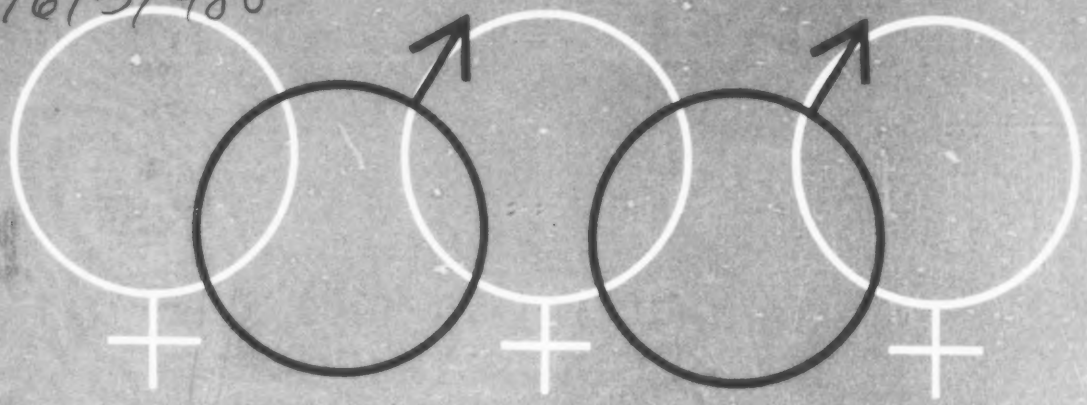

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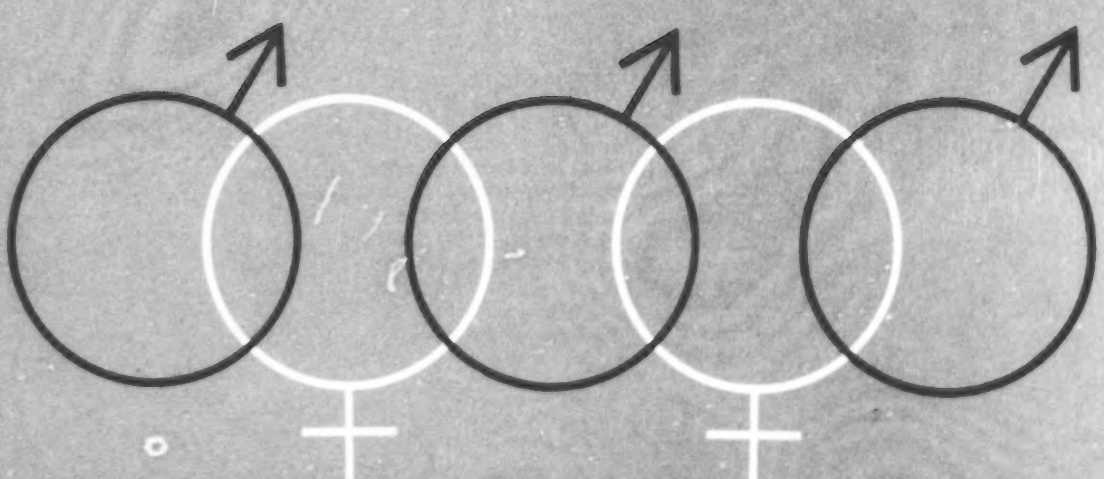
CONTRACEPTION



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • Health Services Administration

HE 20.5102:

A SELF-INSTRUCTIONAL BOOKLET TO AID IN THE UNDERSTANDING OF

CONTRACEPTION

U.S. Department of Health and Human Services
Public Health Service
Health Services Administration
Bureau of Community Health Services
Rockville, Maryland 20857
DHHS Publication No. (HSA) 80-5659
1976
Revised 1980

CONTRACEPTION

The dictionary says that CONCEPTION occurs when the male sperm joins with the female egg and pregnancy begins. Since "Contra" means "against," CONTRACEPTION means "against conception," or, the prevention of pregnancy.

O.K. If that's what "contraception" means, why is it so important? Well, contraception is important because it enables a couple to plan when to have children and to have only the number of children they want.

This self-instructional booklet has been designed to help you teach yourself about six methods of preventing pregnancy. Now, you may be wondering why you need to know about so many different methods of contraception. Well, since each couple is different—with different wants, needs, and lifestyles, it is important that they (or they and their doctor) choose the method of contraception that is best for them. And to do this, they need to know about ALL of the methods that are available.

It is hoped that after completing this booklet you will understand how the six methods work to prevent pregnancy, how they are used, their possible side effects, their effectiveness in preventing conception, and how you can get them.

The six methods are:

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1. Oral Contraceptives (the Pill)	4
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3. Diaphragm (and contraceptive creams or jellies)	12
4. Condom (Rubber)	17
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The condom and foam may be purchased at most drugstores. To use the other methods (the pill, I.U.D., diaphragm, and "natural" methods) requires a visit to a doctor or family planning clinic.

For a quick review, write in the answers to the following questions:

1. What do the words CONCEPTION and CONTRACEPTION mean?

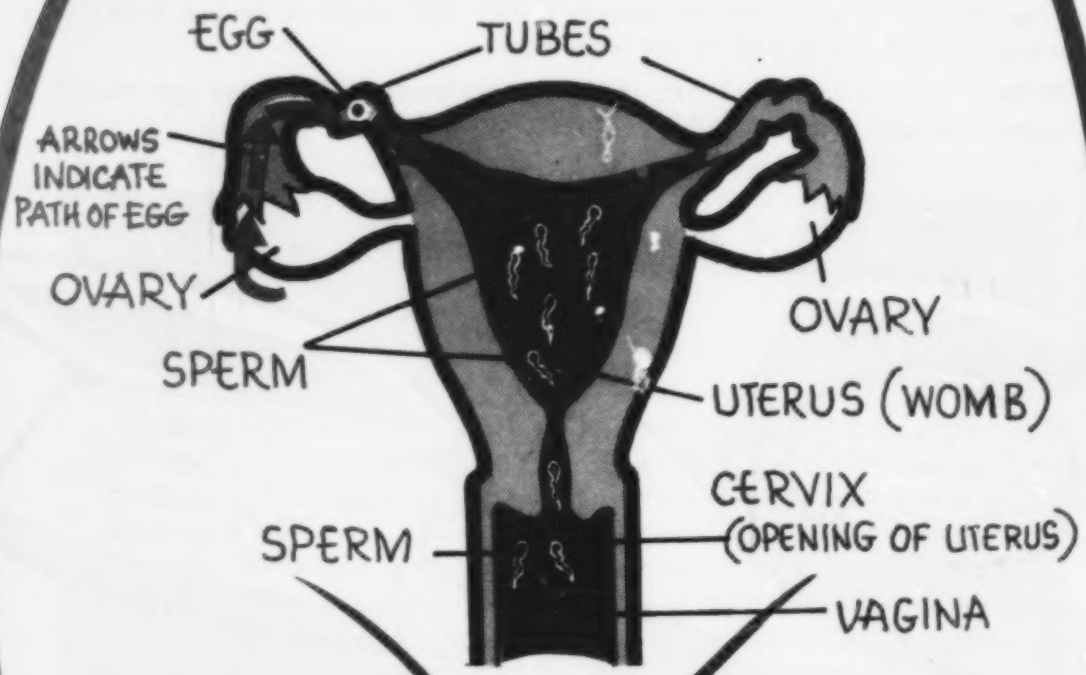
2. WHY do people use contraception?

If you said that conception is the beginning of pregnancy (or something like that), and that contraception means using or doing something in order to prevent pregnancy, then you understand these terms correctly. You were right also if you said that people use contraception so they can plan and have the number of children wanted.

If you think you're clear on what has been discussed so far, you're ready to move on and learn about the six methods of contraception. But, first, take a brief side trip to review the process of conception, or how a pregnancy begins.

CONCEPTION

As mentioned on the first page, when the male SPERM or seed joins with the female EGG, CONCEPTION occurs. The sperm are contained in a fluid called SEMEN, that comes out of a man's PENIS when he EJACULATES (COMES). When a man and woman have sexual intercourse, the male ejaculates inside the female's VAGINA. When sperm enter the vagina, they swim up into the UTERUS (WOMB) and TUBES. Sperm can live here three days, or longer. If there is an egg in one of the tubes at the time, conception can occur.



CONCEPTION OCCURS IN THE WOMAN'S TUBES

The purpose of CONTRACEPTION is to PREVENT an EGG and a SPERM from joining. Each method of contraception discussed in this booklet works in some way to keep the egg and sperm apart, or to keep pregnancy from beginning.

Now that you've reviewed CONCEPTION, you're ready to consider the methods of CONTRACEPTION.

THE PILL

ORAL CONTRACEPTIVES (THE PILL)

"THE PILL" is one of the most widely known contraceptive methods, and it is more effective in preventing pregnancy than any other method of contraception. If a woman takes her pills CORRECTLY, there is almost NO chance that she will get pregnant! Let's find out why.

Ordinarily, once each month, an egg leaves one of a woman's OVARIES (see diagram on page 3) and enters the nearest TUBE. The release of the egg from the ovary is called OVULATION (ov u lay shun).

While a woman is taking "THE PILL" her ovaries do NOT release eggs. And if there is NO egg, there can be NO pregnancy.

PILLS ARE TAKEN BY MOUTH

In order to get the pill, a woman must first go to a doctor or a family planning clinic. There she will give her medical history and have a physical examination. These steps are important because some women should not take the pill, especially if they have a history of certain medical problems (such as cancer, liver disease, blood clotting disorders, or high blood pressure), are a smoker, or are over 40 years of age.

Take a break now for a brief review. See if you can fill in the blanks below:
If a woman takes the pill correctly, there is almost no chance that she will become pregnant. It works by preventing an e_____ from leaving the ovary and entering the t_____. To use the pill, a woman must first go to a d_____ or clinic.

You answered correctly if you said that there is almost no chance of pregnancy if the pill is taken correctly and that it works by preventing an EGG from leaving the ovary and entering the TUBE You should also have said that a woman must go to a DOCTOR or clinic to get the pill. If you did, you're ready to continue the discussion! (If not, go back and review the previous paragraphs).

When a woman first starts taking the pill, she may experience one or two side effects. Some common ones are: slight weight gain, breast tenderness, nausea, spotting between periods, spotty darkening of facial skin, or nervousness. These minor side effects usually go away during the first month or two that the woman is taking the pill. If any of them occurs for longer than two months, or is severe, the woman should contact the clinic or doctor.

Pills have other side effects which may be beneficial for many women. They make a woman's period regular and her menstrual flow is usually lighter. They may also reduce menstrual cramping and clear up acne (pimples). Pills usually don't affect a woman's sexual desire. People also like the fact that use of the pill doesn't require interruption of lovemaking, as some of the other methods do.

In a very small number of women, the pill can cause serious problems or complications. Pill users have a greater risk of heart attack, stroke and blood clots than women who do not take the pill. Risks increase as the woman enters her late 30's and are greater if the woman smokes. There is also an increased risk of liver tumor and gall bladder disease. If a woman ever experiences severe headaches, shortness of breath, blurred vision, or pain in the leg or chest while she is taking the pill, she should contact her doctor IMMEDIATELY. Don't wait to see if the problem will go away.

Now that you understand how oral contraceptives prevent pregnancy, how a woman goes about getting the pill, and what some possible side effects are, you are ready to complete the next section on how to take the pill.

Pills are 95-99% effective in preventing pregnancy, but only if they are taken CORRECTLY. (One pill taken right before or after sexual intercourse will do NO good.) There are many different brands of pills, and they are not all taken in exactly the same way. So, it is very important that a woman completely understands how to take her particular brand of pills before she leaves the clinic or doctor's office. (Be sure to ask if you're not sure, and ask for the patient information pamphlet also.)

A woman taking the pill is instructed to take one pill a day, about the same time every day, until the package, usually containing 21 or 28 pills, is empty. Then, depending on the type she is taking, she either starts a new package of pills the very next day (28 day pill), or she waits about a week (21 day pill), during which she will usually have her period. The specific day that she begins taking her very first package of pills is also important, so she should be certain that she understands exactly when to begin.

It is recommended that a woman use another method of contraception during the first month of taking the pill. For it to be effective, her body needs time to adapt to the hormones in the pill which control ovulation. The physician will schedule her for a checkup in about 2 months. It is especially important to have a yearly checkup to insure that her body reacts normally to this method.

Sometimes a woman might forget to take a pill at the correct time. If this happens, she should take the missed pill as soon as she remembers it. Take the next one on schedule. If she misses two pills in a row, say one on Tuesday and one on Wednesday, she should take two pills on Thursday and two on Friday, then one a day as usual. However, if she ever does miss two (or more) pills in a row, an ADDITIONAL method of contraception should be used until she starts a new package of pills. She should NEVER take another woman's pills. Chances are she won't become pregnant if she follows these instructions, but if she misses a period, she should call the doctor or clinic.

If a woman wants to become pregnant, she should stop taking the pill. Another method of birth control should be used until she has three regular menstrual periods. Contraception can then be stopped so that pregnancy can occur.

As a final review of this section on oral contraceptives, find out if you remember the instructions for taking pills correctly. Draw a line connecting each unfinished sentence in the left hand column with the correct instruction in the right hand column.

1. When a woman starts a package of contraceptives she should	A. take two pills a day until she is back on schedule and use an ADDITIONAL method of contraception.
2. After she completes one package of pills, she should begin the next package	B. take the one she missed as soon as she remembers and take the next one on schedule.
3. If a woman forgets to take one pill she should	C. take one pill a day, at the same time each day, until the package is empty.
4. If a woman forgets to take two pills she should	D. contact her doctor or clinic.
5. If a woman taking the pill misses a period she should	E. either the next day or in about a week, depending on the brand.

You understand correctly if you connected:

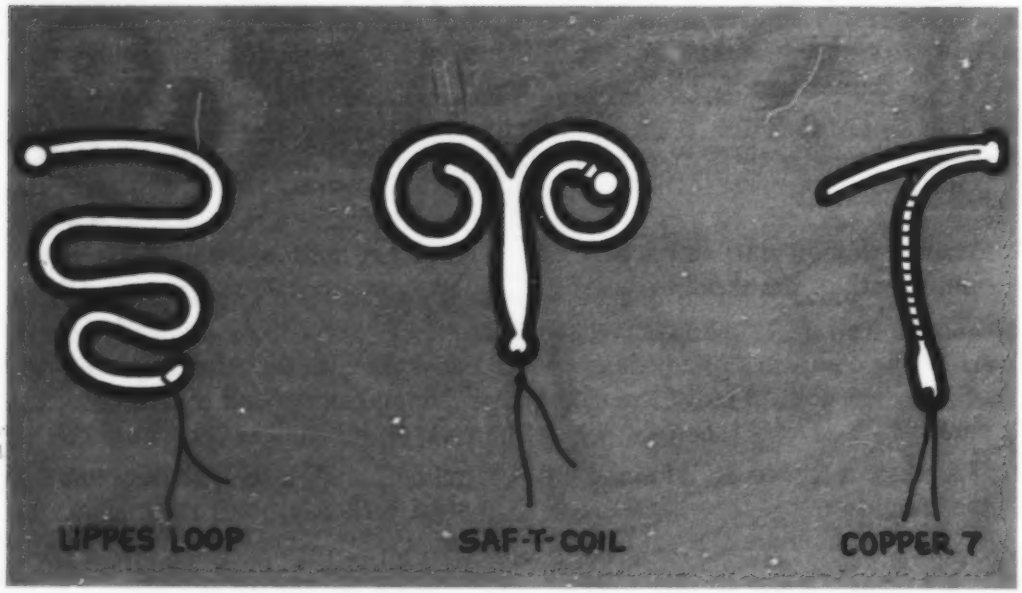
1 — C
2 — E
3 — B
4 — A
5 — D

THE I. U. D.

INTRAUTERINE DEVICE (I.U.D.)

An I.U.D. or INTRAUTERINE DEVICE is a device that is inserted into a woman's UTERUS (womb) by a doctor or clinician. It remains in the uterus and prevents pregnancy until the woman wants it removed.

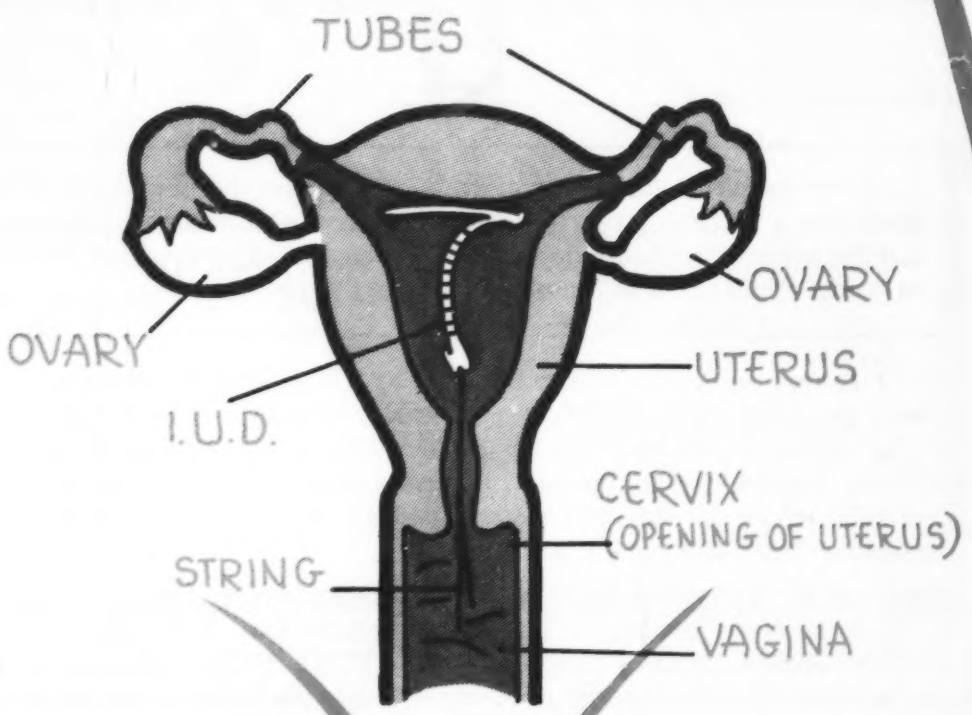
I.U.D.'s are made of plastic (or plastic with copper wire wound around it) and have nylon strings hanging from the ends. Here are some samples:



INTRAUTERINE DEVICES (I.U.D.'s)

Although it is not known exactly how the I.U.D. works, it is effective. To make the I.U.D. an even more effective method, some doctors advise their patients to use an additional contraceptive method (like contraceptive foam—see page 22), during the week midway between their menstrual periods (monthly bleeding). That is the time of the month when an egg is most likely to be in one of the tubes.

A woman who wants to have an I.U.D. inserted must first go to a doctor or clinic to have a physical examination and to give her medical history. Once the doctor or clinician decides that the woman is able to use an I.U.D., she is usually asked to return to the clinic or office when she is having her menstrual period, to have the I.U.D. put in place. Insertion is easier at this time. When an I.U.D. is in place, it looks like this:



INSERTED I.U.D.

The slender string attached to the I.U.D. hangs out of the uterus, into the vagina, just far enough so that the woman can feel it with her finger to make sure that the I.U.D. is still in place. She should do this once a week, especially after each period, because it is possible, though unlikely, that the I.U.D. might come out of the uterus along with the menstrual flow.

Once an I.U.D. is inserted, it can remain in place for several years (unless it happens to be a copper covered device which must be replaced every two years). When the woman wishes to have her I.U.D. taken out, the doctor removes it.

Stop for a brief review. Fill in the blanks below:

An I.U.D. usually is inserted into a woman's u_____ while she is having her menstrual p_____. After insertion, a slender nylon string hangs down into the woman's v_____ so that she can make sure the I.U.D. is still in her u_____.

You've completed the review correctly if you said that an I.U.D. is inserted into a woman's UTERUS when she is having her menstrual PERIOD, that the nylon string hangs down into the woman's VAGINA, so she can be certain the I.U.D. is still in place in her UTERUS

One important advantage of the I.U.D. is that it is 95-97% effective in preventing pregnancy. Also, as with the pill, when a woman is using an I.U.D., she and her partner do not have to interrupt their lovemaking. And finally, once the I.U.D. is inserted, the woman need only remember to check the string once a week (and to use an additional method midway between menstrual periods if she wishes). That's all there is to it!

Some women who use the I.U.D. complain of heavier cramps and bleeding during their menstrual period, or spotting between periods. Some men complain that they can feel the string hanging from the I.U.D. during intercourse in certain positions. (If either partner can feel the plastic part, the woman should contact her doctor as soon as possible.) Insertion of the I.U.D. can be painful for some women, particularly if they have not had children. It is not unusual to have some discomfort after the I.U.D. is first put in place. These side effects will usually disappear within 2 or 3 months, as the uterus gets used to the I.U.D.

A rare side effect associated with the I.U.D., but one requiring immediate medical attention, is the possibility of an infection. If a woman using an I.U.D. ever has sudden and severe pain in the area around her female organs, or if she has unusual bleeding or a foul smelling discharge from her vagina, she should contact her doctor or clinic immediately. Also if she thinks she is pregnant, she should contact her doctor immediately.

O.K. Those are the important facts about I.U.D.'s. Why don't you complete this section by listing the advantages and disadvantages of this method in the space below.

ADVANTAGES	DISADVANTAGES

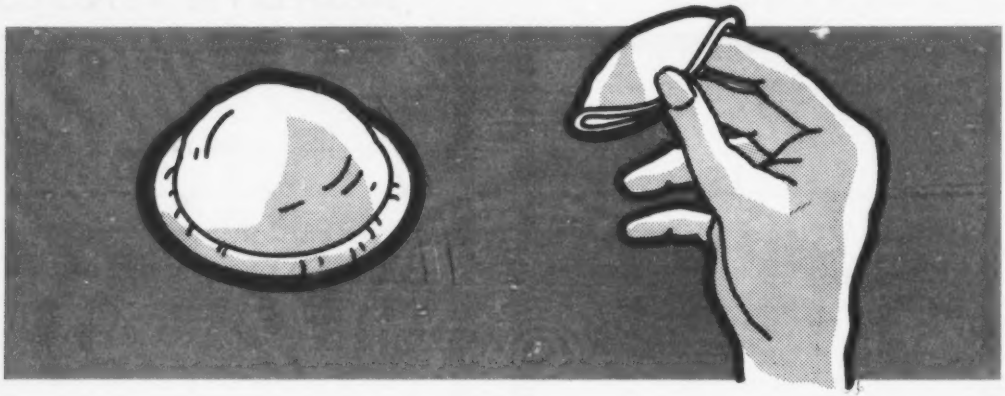
Now, see if you mentioned any of these:

ADVANTAGES	DISADVANTAGES
1. high effectiveness	1. heavier cramps and bleeding
2. no interruption of lovemaking	2. man can sometimes feel the string
3. little to remember or do after insertion	3. infection (very rare)

THE DIAPHRAGM

THE DIAPHRAGM (PLUS CREAM OR JELLY)

Another method of contraception that must be prescribed by a doctor or clinician is the DIAPHRAGM (dye a fram).



DIAPHRAGM

The diaphragm is a bowl shaped rubber cup with a rim that bends. A woman applies CONTRACEPTIVE CREAM or JELLY on the diaphragm and inserts it into her vagina BEFORE intercourse, so that it blocks the opening to the uterus. The diaphragm prevents pregnancy in TWO ways. First, it keeps the sperm from entering the uterus and tubes where they could meet an egg. Second, the cream or jelly KILLS the sperm.

If a woman who chooses the diaphragm makes sure to use it EACH and EVERY time she has sexual intercourse, and if it is inserted and used CORRECTLY, this method is effective in preventing pregnancy.

To use a diaphragm, a woman first must go to her doctor or family planning clinic to be FITTED or MEASURED. During a physical exam, the doctor or clinician measures the woman's vagina near the opening of the uterus. This step is important because the diaphragm must fit exactly in order to work. (A woman should NEVER use another woman's diaphragm, and she should be measured again if she delivers a baby, has a miscarriage, or abortion, or gains or loses ten or more pounds.)

Next, the woman is taught how to insert the diaphragm properly. (When it is placed correctly, neither the man nor the woman can feel it during intercourse.) Before she leaves the doctor's office or clinic, she should insert and remove the diaphragm herself several times, until she feels confident that she will be able to use it correctly.

Time for a review. See if you can answer the following questions about the diaphragm.

1. Where in the body is the diaphragm inserted?
2. What are the two ways a diaphragm prevents pregnancy?
3. How does a woman get a diaphragm?

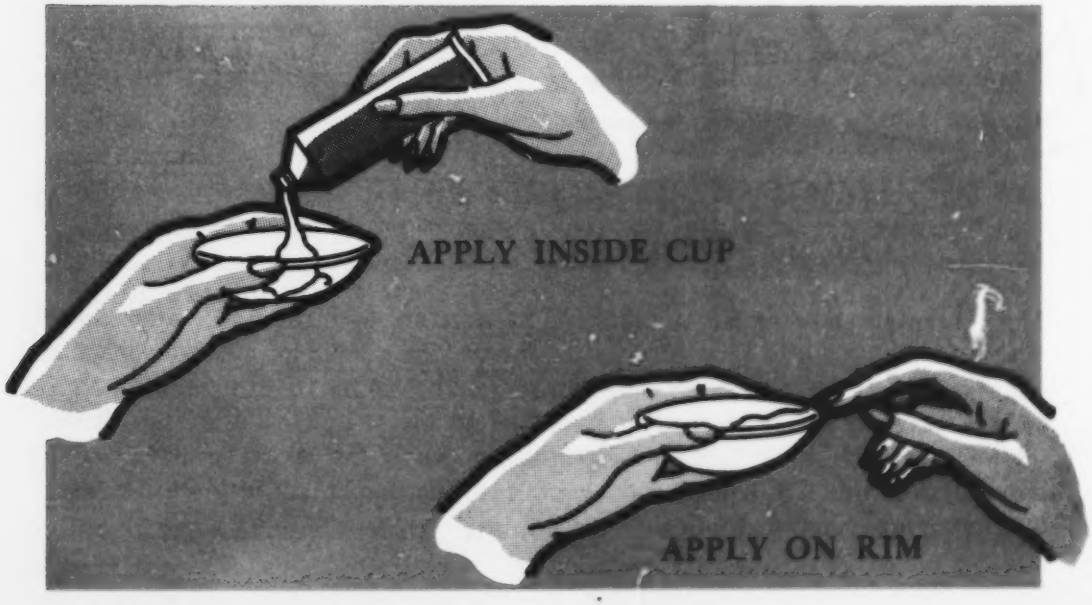
Check your answers below:

1. The diaphragm is inserted into the VAGINA, where it covers the opening to the uterus.
2. The diaphragm blocks and the jelly KILLS the sperm.
3. She must go to a doctor or clinic to be FITTED or MEASURED and to learn how to insert it properly.

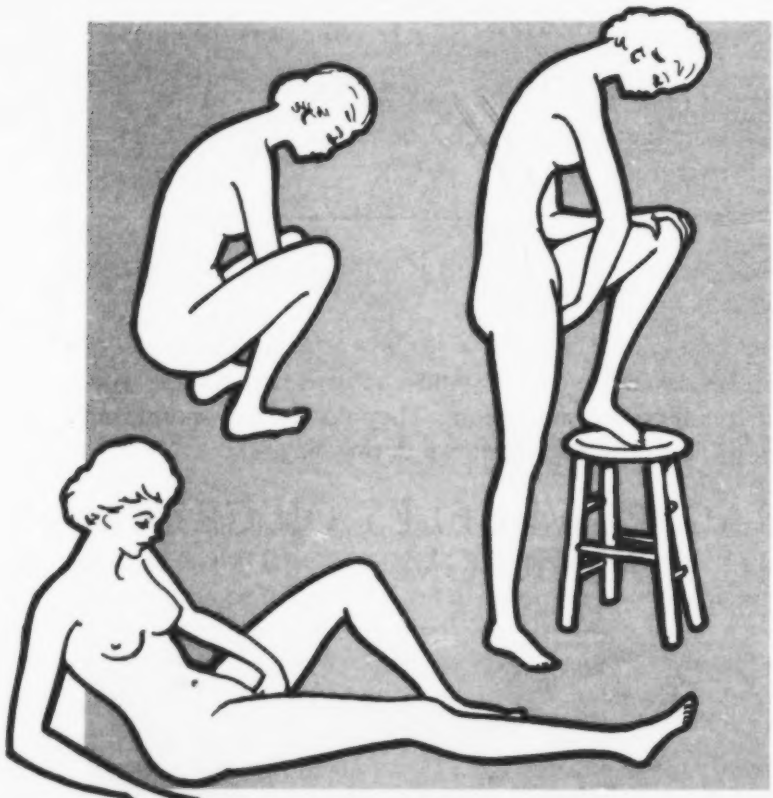
Now if you understand what the diaphragm is, how it works, and how to get it, you are ready to learn how it is inserted and used.

To use the diaphragm correctly, the woman first spreads at least a teaspoon of contraceptive jelly or cream inside and outside of the cup and around the rim. (Never use vaseline or cold cream on the diaphragm. They do not kill sperm and they will rot the diaphragm.) The procedure is shown in this diagram:

APPLY CONTRACEPTIVE JELLY OR CREAM ALL OVER THE DIAPHRAGM



Next, she squeezes the rim together with one hand while she uses her other hand to separate the opening to her vagina. She then squats, lies down, or stands with one leg propped up, and pushes the diaphragm down and back into the vagina as far as it will go, so that it is tucked around the tip of the uterus (called the CERVIX). (See the diagram below.) She should check the position of the diaphragm with her finger to make sure the cervix is covered.

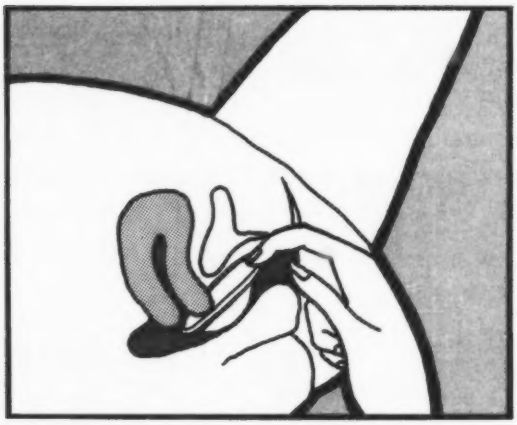


SUGGESTED POSITIONS FOR DIAPHRAGM

MAKE SURE DIAPHRAGM COVERS THE CERVIX

The diaphragm must be left in place for at least six to eight hours after intercourse so the cream or jelly can kill the sperm. The woman must not douche during this time. If the couple has intercourse again before the six to eight hours pass, additional cream or jelly should be inserted into the vagina by using the plastic inserter that comes packaged with the cream or jelly. The diaphragm must not be removed to do this. The woman should not leave the diaphragm in place for more than twenty-four hours at a time.

To remove the diaphragm the woman hooks one finger up over the top rim and pulls down and out. The diaphragm should be washed with soap and water, dried, and dusted with cornstarch (not talcum powder). Then it should be put into its container until needed again. Periodically the diaphragm should be checked for holes by holding it up to the light. If there are any tiny holes, the woman must use another method of contraception until the doctor can prescribe a new diaphragm.



REMOVAL OF DIAPHRAGM WITH FINGERS

One last thing. Remember that the diaphragm is inserted BEFORE sexual intercourse. In fact, it can be inserted up to four hours before intercourse. If more than two hours pass, though, additional cream or jelly must be inserted into the vagina.

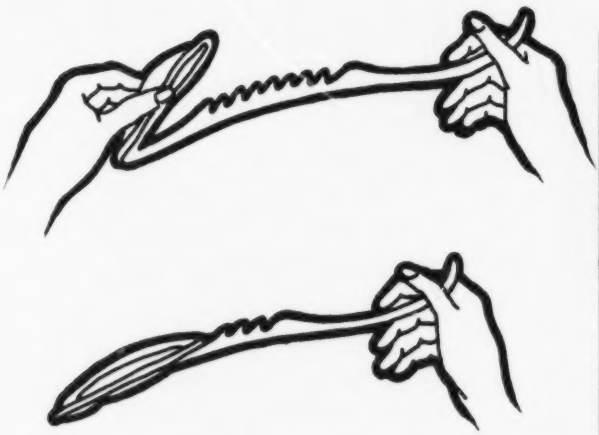
Do you think you understand the steps in using the diaphragm? Check yourself.

1. Apply at least a teaspoon of contraceptive cream or jelly inside the cup and around the rim.
2. Squeeze the rim together, then push the diaphragm down and back into the vagina as far as it will go so that it covers the opening to the uterus. (If the diaphragm is inserted more than two hours before intercourse, more cream or jelly is needed.)
3. Leave the diaphragm in place for at least six to eight hours after intercourse. (Do not douche and do not remove the diaphragm to insert more cream or jelly if intercourse occurs again).
4. Remove the diaphragm by hooking one finger up over its rim and pulling down and out.
5. Wash, dry, and dust the diaphragm with cornstarch and place it in its container.

Before completing this section on the diaphragm, consider some final points about this method.

The diaphragm is not only an effective method (75-97%) for preventing pregnancy, but also is virtually free of unpleasant or harmful side effects as well. In addition, since it may be inserted up to four hours before intercourse, its use need not interfere at all with lovemaking.

Some women don't like using the diaphragm because they dislike having to put their fingers into the vagina to insert and remove it. (A plastic inserter can be used instead.) Others dislike the method because the equipment has to be kept nearby and used EACH TIME they have intercourse, and cleaned afterwards.



INSERTING DIAPHRAGM WITH PLASTIC INSERTER

As a final review, some women may feel that the disadvantages of the diaphragm are the use of the equipment (a rubber cup and a tube of cream or jelly) and the fact that they have to touch their sex organs to use it. The advantages are its high effectiveness, no side effects and that it need not interrupt lovemaking.

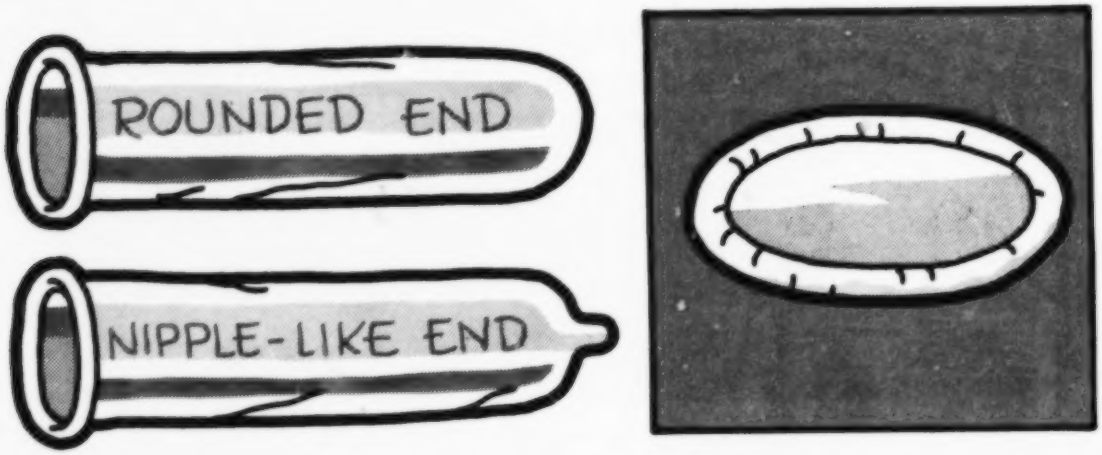
THE CONDOM

THE CONDOM

The CONDOM is a method of contraception used by the male. It can be bought in any drugstore without a prescription. It's also known as the "rubber," "safe," or "bag." The condom is worn over the penis during intercourse and prevents the male's semen from entering the female's vagina. To be effective it must be used EACH and EVERY time the couple has sex, and used CORRECTLY. It is considered to be 75-97% effective (depending on how carefully it is used).

There are lots of different types of condoms. Most are made out of latex rubber, but there are more expensive ones made out of animal skin. (A skin condom is thinner so the male is less aware of it during intercourse.)

This is what a condom looks like:



CONDOMS

ROLLED IN PACKAGE

Condoms are packaged either ROLLED or UNROLLED. Some types are rounded on the end, while others have a nipple-like end (to catch the man's semen). Also, condoms may be purchased either UNLUBRICATED (dry) or LUBRICATED (wet). Lubrication on a condom is beneficial because it makes inserting the penis into the female's vagina easier.

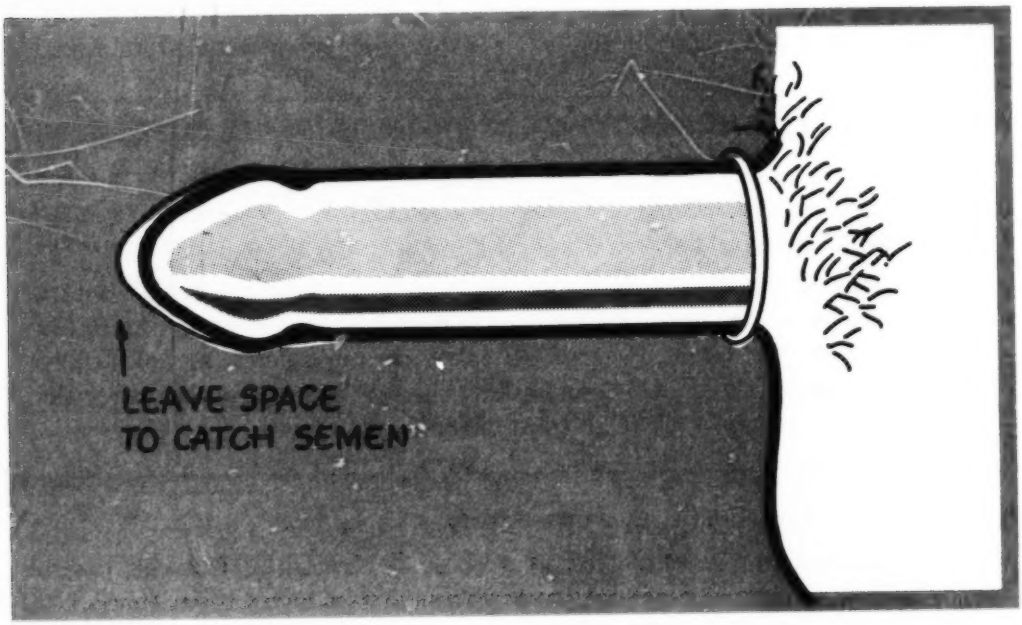
Stop a minute to review the facts learned so far:

1. The condom is worn by the MAN during intercourse. It covers his PENIS so that his SPERM do not enter the woman's vagina.
2. Condoms are effective in preventing pregnancy.
3. Condoms are made out of RUBBER or animal skin and are packed either ROLLED or unrolled. Some types have a rounded end, while others have a NIPPLE end. If a condom is LUBRICATED, it makes for easier insertion of the penis into the vagina.

Got it so far? Then proceed to find out exactly how the condom is used.

Depending on whether the condom is packaged rolled or unrolled, it is either UNROLLED on to the penis (like a stocking) or PULLED onto the penis (like a glove). In either case, the condom is put on AFTER the penis becomes hard (erect), but BEFORE the erect penis is inserted into the woman's vagina. (Some couples dislike using a condom because they must interrupt lovemaking in this way. Other couples do not find this a problem because they make putting the condom on a part of their lovemaking.)

If the condom does not have a nipple end, some space has to be left at the end of it to catch the semen. If put on correctly, it will look like this:



Once the condom is on correctly, the penis can be inserted into the woman's vagina until the man ejaculates. His semen will be released into the condom, not the woman's vagina.

Soon AFTER he ejaculates, the man should remove his penis from the woman's vagina before it becomes soft again. While doing this, he should be holding his fingers around the condom so that it does not slip off. Then, he should MOVE AWAY from the woman's body while he unrolls the condom from his penis since sperm will now be on his penis. A new condom must be used each time he has intercourse.

Before completing this section, see if you can describe in a couple of sentences how a condom is used:

If you included the following "steps" in your description, then you have a good understanding of how to use a condom correctly:

During lovemaking, the condom is unrolled or pulled onto the penis—with a space or nipple on the end—AFTER the man's penis becomes hard, but BEFORE it goes into the vagina. After the man ejaculates, he holds on to the condom and pulls his penis out while it is still fairly hard. He takes the condom off of his penis AWAY from the woman's vagina.

A few additional tips about using a condom are:

1. Condoms can be purchased at a clinic or drugstore. If at all possible, avoid purchasing condoms from gas stations or men's room vending machines, since these products may be old or outdated.
2. Condoms can be stored for up to two years before use, but should not be kept in warm, moist places (like wallets and pockets).
3. Vaseline should NEVER be used to lubricate a condom (its oily base causes rubber to disintegrate!). Contraceptive foam, "K-Y" jelly, or even spit is good lubricant for a condom that is not pre-lubricated.
4. A condom should not be used more than ONCE.
5. A condom can be 95-99% effective if the woman uses contraceptive foam or jelly at the same time. If the condom breaks, the foam or jelly will kill the sperm.

One final but important detail: A condom is the only method of contraception that also offers some protection against the spread of venereal disease (V.D.).

Can you fill in the blanks below, correctly?

It's best that condoms be gotten at a c_____ or

d_____. Condoms should be used only o_____, should

be stored away from h_____ and m_____, and should never be lubricated with vaseline.

If you said that condoms are best purchased at a CLINIC or DRUGSTORE, that they should be used only ONCE, stored away from HEAT and MOISTURE, and should never be lubricated with vaseline, then you understand some of the "shoulds and should nots" of using a condom.

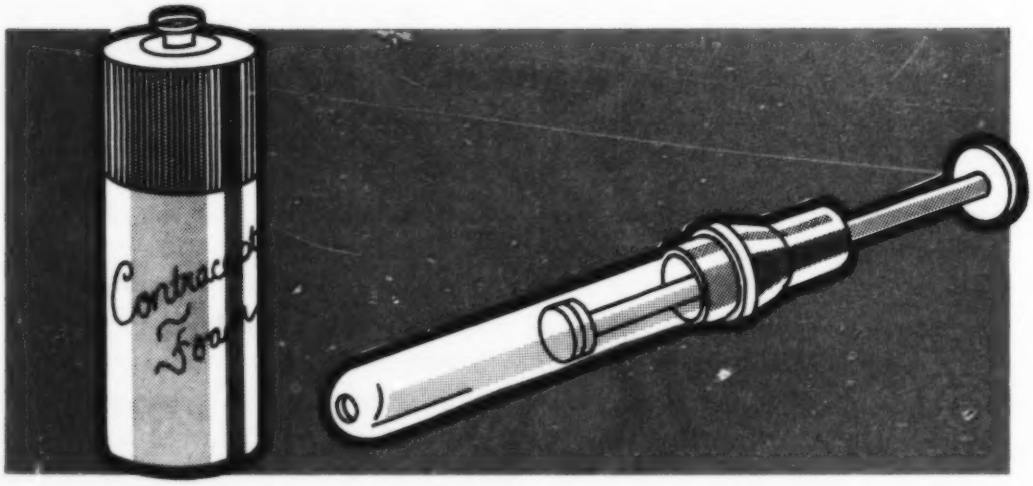
FOAM

CONTRACEPTIVE FOAM

CONTRACEPTIVE FOAM is packaged in an aerosol can or bottle and contains a chemical solution that KILLS the man's sperm before it can travel into the woman's uterus and tubes. A woman inserts foam into her vagina with an applicator, BEFORE each act of intercourse.

Foam, like condoms, can be gotten without a doctor's prescription at a drugstore or family planning clinic. It too, is easy to use and usually has no side effects (except for a rare allergic reaction). However, foam is considered to be only fairly effective (70-90%) in preventing pregnancy. For this reason, it is often recommended that if a woman uses contraceptive foam, her partner use a condom.

A can of foam is packaged in a carrying case along with an APPLICATOR and INSTRUCTIONS. The applicator can be used over and over again, so that only the foam itself has to be replaced when the can is empty. (Some brands of foam are packaged in a pre-filled applicator that is ready for insertion and discarded after use.) The can of foam and the applicator look like this:



CONTRACEPTIVE FOAM

FOAM APPLICATOR

Take time out now for a brief review. See if you can complete the following sentences:

1. Foam contains a chemical solution that kills s_____.

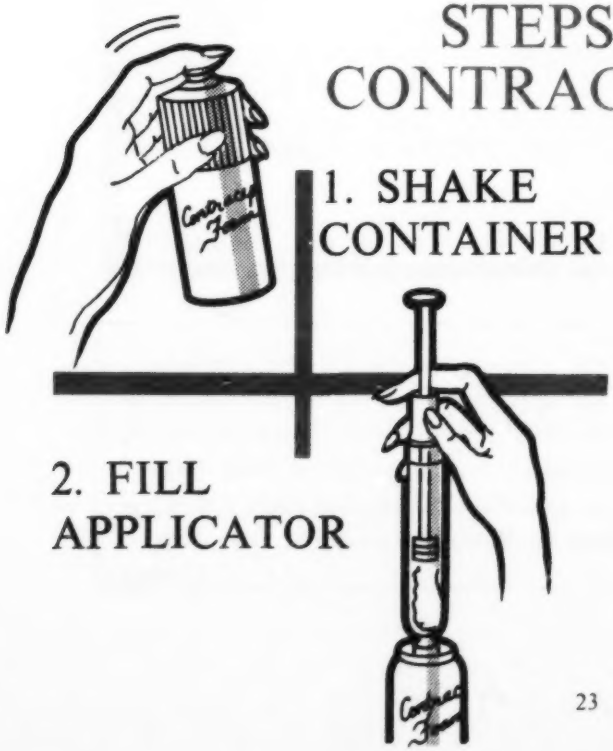
2. It is inserted into the woman's v_____ before i_____.

If you said that foam contains a chemical that kills SPERM, that it is inserted into the woman's VAGINA before INTERCOURSE, you are absolutely right!

Now you're ready to learn the steps required in using contraceptive foam.

To use foam correctly, the woman first shakes up the bottle or can vigorously, then fills the applicator. Next, she lies on her back with her knees up, inserts the applicator into her vagina as far as she can, pulls back a bit, and pushes the plunger on the applicator, which in turn pushes the foam out. Instructions come with the can of foam.

STEPS IN USING CONTRACEPTIVE FOAM



3. INSERT FOAM

Foam must be inserted deep into the vagina, and enough must be used to give really good protection. Women should use at least two applicators of foam. Also, a woman using foam should not douche for eight hours after her last act of intercourse. She may want to wear a pad if she goes out, since foam may continue to ooze from her vagina after intercourse.

One more important fact about using foam; it must be put in no earlier than ONE HALF HOUR before intercourse, and the closer to intercourse it's inserted, the better it works.

To wind up a discussion of contraceptive foam these are some important precautions. First, foam is often confused with "feminine hygiene" products. So, in purchasing it, a man or woman should be sure that the label specifically says that it is for CONTRACEPTION. Second, a couple should always be prepared with an extra container of foam, since it's often difficult to tell when the can is almost empty. And, finally, if a particular brand of foam is irritating to the sex organs, the couple should try another brand.

Test yourself by seeing if you can describe in the space below how contraceptive foam is used:

If you said something like—"Shake the can vigorously, fill the applicator, and, while lying on your back, insert the applicator into the vagina as far as possible and push the plunger. This should be done as close to the actual act of sexual intercourse as possible, and definitely no more than ½ hour before. Do this each time you have intercourse and don't douche for eight hours"—then you understand this method of contraception.

NATURAL METHODS

THE "NATURAL" METHODS

The following methods are called "NATURAL," because they are based on the NATURAL BODY RHYTHM of a woman's menstrual cycle. They work on the basis of TIMING. This is how.

On the average, a woman's MENSTRUAL CYCLE (the time from the beginning of one menstrual period until the beginning of the next) is 28 days long. At about the MIDDLE of the cycle (about 14 days before her next period), an egg is released and enters one of the woman's tubes. You might think, then, that if a couple were to simply avoid intercourse at the middle of the woman's menstrual cycle, they could prevent pregnancy.

Unfortunately, it doesn't work that easily because emotional stress or illness can upset the cycle. At the present time there are three methods to help a woman determine when this will occur, so that she can avoid intercourse during the time called her "FERTILE PERIOD" (when a woman can become pregnant).

Take a moment to think through what has just been said. Fill in the blanks below:

The "natural" methods are based on the rhythm of a woman's m_____

c_____. A couple using these methods avoids intercourse during the

portion of each menstrual cycle when it is possible that an e_____ can

be fertilized. This period is referred to as the woman's f_____

p_____.

The correct answers are MENSTRUAL CYCLE, EGG, FERTILE PERIOD.
How did you do?

Next is a description of how these methods help a woman determine her fertile period.

Two methods are the BASAL BODY TEMPERATURE METHOD and the SYMPTOMATIC or OVULATION METHOD. Often these two methods are used together, as a method called SYMPTOTHERMAL. A woman must go to a doctor or clinic to learn how to use them properly, but they are briefly described below.

The BASAL BODY TEMPERATURE METHOD is based on the fact that a woman's body temperature is affected by her menstrual cycle. To use this method successfully, the woman must be taught how to correctly and accurately take and record her daily temperature. She must take her temperature at about the same time each day and under the same conditions.

For most women, the temperature generally drops during the menstrual period and remains low until the release of the egg. At that time the temperature rises and remains raised until the next menstrual period. A woman must not have sex for three days after the temperature rises since this is the time when she is most likely to get pregnant. She also must not have intercourse for several days before the temperature rise because the sperm can live for several days. This method cannot tell you WHEN the egg will be released but can tell you that it HAS BEEN released.

The SYMPTOMATIC or OVULATION method is based on the fact that the normal discharge or secretions from a woman's vagina change noticeably during the course of her menstrual cycle. In using this method, the woman is taught to detect the APPROXIMATE time of OVULATION by examining and noting CHANGES in her vaginal secretions (fluids). She then avoids intercourse during the time of her cycle when her secretions indicate she is in her fertile period.

A combination of the Symptomatic and the Basal Body Temperature Methods is called the SYMPTOTHERMAL METHOD. In using this method, the woman examines and notes the changes in her vaginal secretions, and also records her temperature every day. She then avoids intercourse during the time of her cycle when her symptoms indicate she is in her fertile period.

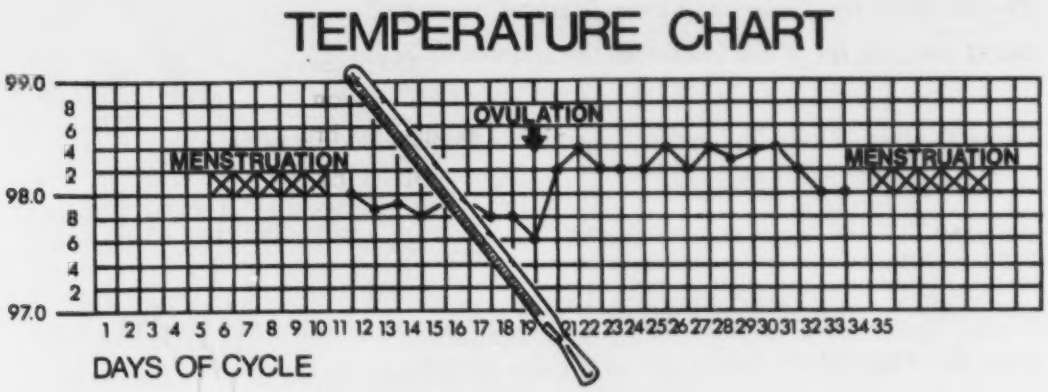


CHART AND THERMOMETER WHICH CAN BE USED FOR OVULATION AND SYMPTOTHERMAL METHODS

Another method is called CALENDAR-RHYTHM. The woman is taught how to keep a written chart of her menstrual cycle for eight or more months. By looking at the chart at the end of this time, a doctor or clinician will show a woman how to determine the number of days each month when sexual relations must be avoided. Because many women menstruate too irregularly to even attempt to use this method, it is now considered obsolete unless combined with one of the other methods.

Do you think you understand these "natural" methods?
See if you can fill in the blanks in the statements below:

Using the Basal Body Temperature method, a woman records her t_____

daily, so that she can detect when an e_____ is in a tube. She must avoid inter-

course for several d_____ before the temperature change, and for three days after the temperature rises.

Using the Symptomatic or Ovulation method, a woman is taught to detect the ap-

proximate time of O_____ by examining and noting c_____ in her vaginal secretions (fluids). She must avoid intercourse during the time of

her cycle when secretions indicate she is in her f_____ period.

The Symptothermal method is a combination of the Basal B_____ Temperature and the Symptomatic or Ovulation methods. A woman is taught to

examine and note changes in her v_____ secretions and to record

her t_____ every day.

See how accurate your recall was:

Using the basal body temperature methods, a woman records her TEMPERATURE daily, so that she can detect when an EGG is in a tube. She must avoid intercourse for several DAYS before the temperature rise, and for three days after.

Using the Symptomatic or Ovulation method, a woman is taught to detect the approximate time of OVULATION by examining and noting CHANGES in her vaginal secretion (fluids). She must avoid intercourse during the time of her cycle when secretions indicate she is in her FERTILE period.

The Symptothermal method is a combination of the Basal BODY Temperature and the Symptomatic or OVULATION methods. A woman is taught to examine and note changes in her VAGINAL secretions and to record her TEMPERATURE every day.

One final point about all these "natural" methods: they work well only for the woman or couple who get medical consultation and advice from a doctor or clinic concerning their use. In general, the more information a woman has which will help predict time of ovulation (such as a record of her temperature and notes on changes in vaginal secretions), the more successful she will be in preventing pregnancy.

These methods are effective if practiced properly. Some couples feel that the careful attention to details day after day and the need to avoid intercourse during the fertile periods are disadvantages. Other couples find that using a method of contraception which depends entirely on the body rhythm is an advantage which outweighs the disadvantages.

WITHDRAWAL, or PULLING OUT, is another method of contraception that requires no devices or chemicals, has no physical side effect and costs nothing. Here is how it works: when the couple has sexual intercourse, right before the man ejaculates, he pulls his penis completely out of the woman's body and ejaculates away from her vagina.

The advantage to withdrawal is that it is always available. Unfortunately, though, even if withdrawal is practiced faithfully, it has a high failure rate. This is because some fluid may come out of the man's penis before he ejaculates, and this fluid can contain as many as 50,000 sperm. Also, in spite of how hard they may try, many men are not able to withdraw completely or in time. Therefore, this method should NOT be considered effective for preventing pregnancy.

Well, that's it. Six ways to enable a couple to plan and to have only the number of children wanted. Now, all you have to do, with the proper medical advice, is decide which one is for you!

★ U.S. GOVERNMENT PRINTING OFFICE: 1980-326-252

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DHHS Publication No. (HSA) 80-5659